

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**Postmark Date: 06/05/05

LSUPP

1050800

1. NAME Robin Dan A.  
Last First MI2. BUSINESS PHONE 985-893-09063. BUSINESS ADDRESS 81125 Hwy. 1129 Covington LA 70435  
Street and No. City State ZipMAILING ADDRESS 81125 Hwy. 1129 Covington LA 70435  
Street and No. City State Zip4. EMPLOYER BAR INC. d/b/a ROBIN & ASSOCIATES5. EMPLOYER'S ADDRESS 81125 Hwy. 1129 Covington LA 70435  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name LOUISIANA HOSPITAL ASSOCIATIONAddress 9521 Brookline Avenue Baton Rouge LA 70809-1431Business or purpose Consulting and Lobbying☒ New Representation  
Does this person pay you? YES

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

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LOUISIANA BOARD OF ETHICS

## SUPPLEMENTAL REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist